



STATE OF WASHINGTON APPLICATION FOR CHANGE/TRANSFER **OF WATER RIGHT**

JUN 15 2009

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF **ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.) Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Change/transfer place of use Check the carrette water) Explain: To correct begat descripted Cof the existing well	FOR OFFICE USE ONLY CHANGE No. (MC) - 09-12 WRIA 45 O8-12-2007 DATE ACCEPTED (I) 1 09 BY FEE \$ (000-00) REC'D (I) 1 09 CHECK No. 200 06-15-2007 ECY Coding: 001-002-WR10285-000011 SEPA: Exempt (I) Not exempt
IF MORE SPACE IS NEEDED, ATTACH ADDIT	TIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)
1. Applicant Information:	
DON West Family Properties, LLC	PHONE NO. (SO9) 884-5709 ()
ADDRESS 421 23 TO NE	(30) 00 (30)
	STATE ZIP CODE
East Wenstelie	STATE WA ZIP CODE 880 Z
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO. FAX NO.
Robert M. West	(609 884-5709 ()
ADDRESS 23 BUDE	
	STATE ZIP CODE O GO
East Wenatchee	STATE WA ZIP CODE 98802
2. Water Right Information:	
	RECORDED NAME(S)
	DON West LLC and Extellepatche
DO YOU OWN THE RIGHT TO BE CHANGED? ☐ YES ☐ NO	Water Useas ass
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIN	VE (5) YEARS? ØYES □ NO
	onstrates consistent, historical use of water since the right an or conservation plan, please include a copy with your
	물람이 불러하다 되었다. 하는 것이 없는 것이 되었다.
	그리고 그는 그를 되었다면 하면 되는 것이 같은 사는 때문에 되었다.
	, 하나, 경마, 하나 하나 하는 것이 하나 있다.
그는 그 전에 나면 하는 것이 없었다.	
750 (100 5012) 760	
CSY-UPC 00126502 FOR OFFIC	E USE ONLY
APP. NO. PERMIT NO. CERT	T. NO CERT. OF CHANGE NO
AFF. NO CER	I. NOCERT. OF CHANGE NO
Cal 1200001	21/22

7-WEC001263

Existing								
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
ickinson Well	1	NE	58	13	27N	16	27 16 1341005	
					1 2 1	1 12 1		
Proposed								
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
			1		- 6 2			
YOU OWN THE EXISTING AND							<u> </u>	
STING: YES NO ROY B.	PROPO	SED:	YES D	1 71 – ON	NO, PROVII	DE OWNER	R(S) NAME:	
nearest section corner . 6 (remarks) or as an att Purpose of Use:			point(s) of dive	rsion/witi	hdrawal,	please include that in	formation in It
Existing PURPOSE OF U	ISF			GPM or CF	S ACE	E-FT/YR	PERIOD OF	IISE
Donest				GI W OI CI		98	YEAR ROW	
iRRIGAT					7		APRIL 1 To	Marchael
Proposed				3				
PURPOSE OF U	ISE			GPM or CF	S ACE	RE-FT/YR	PERIOD OF	USE
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And the second second						27		
DI CIII								
Place of Use:								
Existing			*					
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							the production of	87
	2		100					
	TW	Р.	RGE.		COUNTY		PARCEL#	# OF ACRES
1/4 1/4 SEC.	27	NI	78	Ch	elaw		271719821400	2
VW NW 19				E 110=0	F	T NO IF	NO, PROVIDE OWNER(S) N	AME.
	(THE E)	(ISTING I	PLACE C	F USE?	□ YES		Ho, I Ko Libe ov Merko) N	AWL.

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?

YES NO - IF NO, PROVIDE OWNER(S) NAME:

COUNTY

SEC.

TWP.

RGE.

OF ACRES

PARCEL#

3. Point(s) of Diver	sion/	With	draw	al:		*		
A. Existing								
STATE OF THE SALESOURCE TO THE SALES OF THE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Dickinson Well	1	NE	58	13	27N	16	27 16 1341005	
BICKINSEN VCE		,	36				27701371100	
		1	L	1		L		· .
B. Proposed	Tes	1	1	1				
SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
	-				- 1 p			
DO YOU OWN THE EXISTING AN EXISTING: D YES TO NO ROUND B.	PROPO	SED:	YES I	□ NO-IFN	NO, PROVI	DE OWNER		
Please include copies of a the nearest section corner No. 6 (remarks) or as an action of Use:	to the	above	eports point(s	involved s) of diver	with this sion/wit	proposa hdrawal,	al. Also, if you know the please include that in	ne distances fro formation in Ite
A. Existing				1971				
PURPOSE OF I		*		GPM or CFS		RE-FT/YR	PERIOD OF	
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irrigat	LON				7		April 1 To	November 1
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B. Proposed			-					
PURPOSE OF	JSE			GPM or CF	S ACF	RE-FT/YR	PERIOD OF	USE
			2 1				1	
5. Place of Use: A. Existing	FGAL DE	SCRIPTI	ON OF	LANDS WHE	ERF WATE	R IS PRES	SENTLY USED:	
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1/4 1/4 SEC.	TWI		RGE.		COUNTY		PARCEL#	# OF ACRES
	27	- 1	78		elaw		271719821400	2
DO YOU OWN ALL THE LANDS II	· THE EX	ISTING F	PLACE C	F USE? E	□ YES I	□ NO-IF	NO, PROVIDE OWNER(S) N	AME:
B. Proposed			e 8					
	LEGAL	DESCRI	PTION C	F LANDS W	HERE NE	W USE IS F	PROPOSED:	
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Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

☐ YES ☐ NO-IF NO, PROVIDE OWNER(S) NAME:

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE?

OF ACRES

e there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFE YES D NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):	R?
20017516 WRC 028802 WRC 001265	
내려고 있다면 내용하다 되었다. 그리고 있는 그리고 하는 사람들이 되었다. 그렇게 되었다.	
Remarks and Other Relevant Information:	_
The original application filed on June 7, 2001 had an incorrect hegal for The Location of The we the well has always been Located in NEY4, 5EY4 Sec	
had AN INCORREct hegal for The Location of The We	11
The well has Always been Located in NE/4 5E/4 Sec	13
TZIN, ILIEWM	
FOR SEASONAL OR TEMPORARY, START DATE/ END DATE/ END DATE/	
	-
ertain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Dep	ortmon
Revenue has requested notification of potential taxable water right related actions and therefore may be	
ith a copy of this request.	provide
lease contact the State Department of Revenue for further information. The phone number is (360) 570-3	
he address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-747	7.
선생님, 이번 이렇게 하지 않는데 살아 있는데 하는데 하는데 하는데 되었다. 그 사람들은 사람들이 되었다.	
. Signatures:	
I certify that the information above is true and accurate to the best of my knowledge. I understand t	hat in
order to process my application, I am hereby granting staff from the Department of Ecology or the G	County
Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted it	n the
preparation of the above application, I understand that all responsibility for the accuracy of the info	ormatio
rests with me.	
1 Jul St A 11 - 31 - 9	
Jobest M. Shest Mag. 5 121 109	
(Applicant) (Date)	
1) The Fair & Sound Like 13/109	
(Water Right Holder) (Date)	
Sobert net May	
Un West tamby Towner ties 110 5121109	
(Date)	
Solest M- West May.	
IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.	
IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.	
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): APPLICATION FEE NOT ENCLOSED MAP NOT INCLUDED or INCOMPLETE	
☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE	
□ APPLICATION FEE NOT ENCLOSED □ MAP NOT INCLUDED or INCOMPLETE □ ADDITIONAL SIGNATURES REQUIRED □ SECTION IS INCOMPLETE	

ATTACHMENT FOR APPLICATION FOR CHANGE

O YOU OWN	THE ABOVE POII (S) of Use PURPOSE OF	- DE			***	TWP.	RGE.	PARCEL #	WELL TAG #
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
	(s) of Use	- DE			***	YES	□ NO – IF	NO, PROVIDE OWNER(S) NAME:
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urpose			xisti	na					
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1/4	1/4 SEC.	TWP		RGE.		COUNTY		PARCEL#	# OF ACRES